

# Mental Wellbeing of Students in South African Universities: A Capabilities Approach

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## Abstract

University students, especially undergraduate ones, are reported to be more susceptible to mental health issues such as anxiety and depression than adults in the general population. Although the adverse consequences of mental health challenges are well-documented, limited attention has been paid to these issues in the post-COVID-19 context, particularly within the South African higher education landscape, where the prevalence of mental health challenges is high. This study investigates how final-year students at a South African university navigate mental wellbeing within a capabilities framework. A qualitative research methodology was employed using five focus group discussions and 15 in-depth interviews to gather data from final-year students across all eight university faculties. Grounded in a capabilities approach, this study argues that when students have freedoms and agency in the various dimensions of their mental wellbeing, they are able to deal with the challenges they encounter and thus contribute to the enhancement of their psychosocial wellbeing. Findings of this study indicate that students had varying freedoms in the following capabilities: emotional regulation, resilience, social networks, mental health knowledge, and access to psychosocial services. As a result, some struggled to manage their psychosocial wellbeing. Conversion factors such as inadequate funding, academic pressure, failure to strike a balance between social and academic work, personal and family problems, and inaccessible mental health services diminished students' freedoms in these areas. The results of this study have implications for the ways universities address students' mental wellbeing challenges.

Keywords: mental health, psychosocial wellbeing of students, capabilities approach, higher education, South Africa

## Introduction and background

Mental health, a state in which an individual copes with normal stress and is productive, poses a significant challenge in South African universities. During their first year, students are prone to having more mental health challenges, including anxiety and depression, than adults in the general population (Bantjes et al., 2023b). The students are at an age when several changes occur, including being independent for the first time and adjusting to the unfamiliar university environment. In addition, they experience social, academic, and financial demands and more chances to engage in substance abuse (Julius

et al., 2024). These changes pose challenges to students' mental wellbeing, which refers to individuals' ability to function optimally in the various dimensions of their wellness, a process of achieving mental health (Henrico, 2022). It seems that non-traditional students face a higher risk of mental health problems than other groups, but mental health problems are also related to the students' socio-economic background, gender, ethnicity, and parents' education (Kabiru et al., 2013). South Africa, with marked income inequalities, has high levels of poverty and unemployment. Seventy percent of its students in public universities are from low-income households and are dependent on the funding the National Student Financial Aid Scheme (NSFAS) provides (Republic of South Africa, 2024). This makes them susceptible to mental health problems. One example of this is that about 53.3% of students in the Eastern Cape Province in South Africa experienced mental distress, mainly as a result of financial challenges and academic stress (Mutinta, 2022, p. 3). However, despite the high prevalence of mental health problems among them, students from low-income backgrounds are less likely to seek mental health services because of factors such as lack of knowledge and social stigma (Bantjes et al., 2023b).

Anxiety, depression, post-traumatic stress disorder, and toxic substances are the most frequent psychosocial disorders (Muhia & Nanji, 2021). While 12% of the 1135 undergraduate students in South Africa had experienced moderate to severe depression and 15% moderate to severe anxiety, 24% had suicidal thoughts (Agaba, 2022, n.p.). Social disadvantage and poverty contribute significantly to South Africa's mental health challenges in addition to stigma, bullying, and violence (Dessauvagie et al., 2020; Julius et al., 2024). The COVID-19 pandemic heightened stress, confusion, anxiety, and fears about their wellbeing (Visser & Law-van Wyk, 2021). These mental health problems prevailed among the students even during the post-COVID-19 pandemic period. Unlike students with good mental health, whose social and emotional behavior is associated with strong academic performance, students with mental health challenges have low class attendance records, fail to concentrate and complete assignments, and perform poorly and eventually drop out or even commit suicide (Henrico, 2022).

Despite the increase in mental health challenges among students and their consequences on student lives in South African universities, students' mental health needs are often unmet. While 72.1% of the students reported self-harm, only 60.5% viewed themselves as needing help, and even fewer sought help (Bantjes et al., 2023a, p. 10). On the other hand, psychosocial services units in universities struggle to meet the high demand for their services, which implies that innovative strategies are needed to provide adequate support for students. The use of technological services and peer and group counselling could complement the one-on-one model of psychology (Bantjes et al., 2023b). Moreover, strategies such as teaching students about wellness and consulting them when developing policies and strategies can be effective in improving the mental wellbeing of students (Julius et al., 2024; Henrico, 2022).

The above statistical data on depression, anxiety, and suicidal ideation among South African students is striking despite interventions implemented to address the challenges. This suggests a need to explore alternative approaches that can effectively address the problem. Additionally, literature focusing on the mental health of university students in South Africa using the capability approach remains sparse. This study investigates how final-year students at a South African university navigate mental wellbeing within a capabilities framework.

## Capabilities approach

This study is grounded in the Capabilities Approach, which emphasizes the freedoms individuals need to make choices in their lives (Sen, 1999). This theoretical framework was adopted because it focuses on the freedoms that individual students have in their psychosocial wellbeing.

Key constructs of the capabilities approach are capabilities, functionings, agency, and conversion factors. Capabilities refer to the freedoms or opportunities students have to achieve their mental wellbeing (Robeyns, 2017, p. 36), for instance, emotional resilience, social relationships, a sense of belonging, and managing stress. Subsequently, functionings are accomplishments made from the capabilities (Robeyns, 2017), that is, having emotional resilience, having established social relationships, having a sense of belonging, and having managed stress. Associated with that is agency, that is the ability students have to make decisions to act [or not] for their mental wellbeing, for instance, students making decisions to seek psychosocial services. Whether and the extent to which students have enhanced mental wellbeing is dependent on the conversion factors which denote the effects of personal (e.g., academic skills), social (e.g., perceptions and beliefs regarding mental health) and institutional factors (e.g., university's mental strategies) that enable or inhibit students from having freedoms and agency to achieve their psychosocial wellbeing. Equally significant is that the capabilities approach is multidimensional, allowing us to explore the various aspects of mental health freedoms that students have [or lack]. While the capabilities approach is not new in the South African higher education, for example, it has been used to explore student multidimensional poverty (Ruswa & Gore, 2022), the approach has not been widely used to explore mental health.

## Methodology

The study was a qualitative one using five focus group discussions (FGD) and 15 in-depth interviews (IDIs) with final-year students from across the university's eight faculties. Final-year students were selected because of them having spent a considerable time at the university, which enabled them to reflect on their experiences. The students were drawn from the modules that were purposively selected based on students' performance: four low-performance, two average-performance, and two high-performance. This ensured that diverse experiences regarding mental health challenges were included. Diversity based on race, gender, and socio-economic background was also considered through sending invitations to all the students enrolled for each of the modules. The audio-recorded files of the IDIs and FGDs were transcribed verbatim before the transcripts were coded using QSR NVivo 14, a software for qualitative analysis. The first step involved descriptive and open coding. All the transcripts were imported into the software before coding by assigning codes to text with similar meaning. Some of the codes included anxiety, depression, emotions, mental breakdown, being overwhelmed, stress, and trauma. The second step focused on building themes from the data informed by the Capabilities Approach. Through clustering data from related codes, themes were built; for example, the codes outlined above formed the 'emotional regulation' theme. The themes drawn from the data are emotional regulation, resilience, social networks, mental health knowledge, and access to psychosocial services, which then formed the capabilities presented in the findings. Ethical standards were maintained

throughout the research process, including voluntary participation of the students, maintenance of confidentiality, and anonymization of the data using pseudonyms.

## Findings

The student data shows that students had varying freedoms in their mental wellbeing in the following capabilities: emotional regulation, resilience, social networks, mental health knowledge, and access to psychosocial services.

### *Emotional regulation*

This capability refers to the freedoms students have to understand, express, and healthily manage their emotions. Most students indicated that they struggled to manage feelings such as anxiety, stress, and depression. Inadequate funding for their living expenses, academic pressure, and failure to balance their academic work and social time contributed to the diminishment of this capability. One of the students commented: “Stress and depression from not knowing whether you’re going to have financial support to continue with a degree” (FGD 5, Participant 8). Another student observed: “Like most of us start experiencing depression, anxiety, all these mental or psychological issues” (IDI, Participant 5). Some students experienced trauma because of violence and gender-based violence against them during their childhood by their families. Personal experiences such as loss of family members also contributed to trauma among some students, as the following comment illustrates: “Loss of people because maybe the person was close to them, or it’s the breadwinner at home” (FGD 5, Participant 5). Because some students failed to manage these mental health challenges, they performed poorly in their academic work, resulting in a loss of funding and their dropping out. The above shows that the emotional regulation capability is constrained by conversion factors such as inadequate funding for their living expenses, academic pressure, failure to balance their academic work and social time, and family background.

### *Resilience*

Students’ ability to cope with stress and difficult situations and recover from adverse situations constitutes this capability. Some students demonstrated resilience through coping with stress, personal, academic, and financial challenges, and bounced back after having failed some modules. However, others had limited capacity to recover from too much stress and depression and felt depressed, for instance, after losing their bursary because of low academic performance: “So, it makes me hopeless because I don’t have finances, and I don’t know what to do; [...] just many things at once, and I don’t know how to cope with them; and then you start shutting out” (FGD 5, Participant 5). Simultaneously, low motivation and failure to concentrate on their academic work were reported by some students who often procrastinated doing their assignments. A student reported that: “I procrastinate a lot of times [...] I know it’s a lack of determination or a lack of knowing what one wants” (FGD 1, Participant 3). This illustrates that some students lost their resolve to complete their studies, which contributed to their failing some modules. The capability was diminished due to an interplay of conversion factors such as academic stress, family problems, and financial challenges. The hopelessness

and lack of motivation among students suggest that students lacked the agency to pursue their educational goals.

### *Social networks*

This capability involves students having the freedom to make social connections for support with peers, families, and lecturers. Belonging to social groups for social and academic support was central for students' psychosocial wellbeing. Most of the students indicated that they socialized and worked together with their peers, which helped them to overcome some of the psychosocial challenges they experienced:

*Yeah, just working together like working together. Joining social support groups, like joining different activities arranged by the university. In that sense, students can link up like they can socialise, talk about different issues. I feel like everyone has a solution to every type of challenge that you face. (IDI, Participant 15)*

Other students belonged to social groups and religious groups on the campus for their spiritual well-being. Participating in campus sporting activities and social events organized at on-campus residences was perceived as allowing the students to interact with others, contributing to their psychosocial wellbeing. Some low-income students indicated not to have interacted socially with others as they lacked the confidence to do so, resulting in their social isolation. Others did not participate in the campus events as they could not afford the entry fees and the hiring of transport to and from the event venues back to their off-campus accommodation at night. University practices that gave students the opportunity to interact with their peers and form social groups were a conversion factor enabling this capability. However, being from a low socio-economic background and a lack of confidence were conversion factors that prevented some of the students from interacting with their peers.

### *Mental health knowledge*

Opportunities for students to recognize mental health problems, seek support services when necessary, and know how to manage mental health are the thrust of this capability. Knowing their mental health was crucial for the students' psychosocial wellbeing, as them being more able to manage their mental health better. However, it emerged that many students lacked knowledge about their mental health, contributing to their being unwilling to seek psychosocial services offered through the university:

*... some of them just will brush them off like it's something they don't want to address their mental health issues, and so it becomes more the trauma increases, and they end up getting depressed. So, one of the students I know suffered a loss last year, and she did not want to talk about it. (IDI, Participant 3)*

Some students did not value the psychosocial services offered through the university or discuss their problems with their peers because of the stigma of mental health problems. Others feared being labelled by their peers as weak. Related to that was the lack of awareness of the presence of psychosocial services reported by a few students. The university was thus a conversion factor, preventing students from having this capability through not adequately equipping them with psychosocial knowledge to

understand their mental health, seek psychosocial services, and challenge the stigma and perceptions hindering students from seeking psychosocial services.

### *Access to psychosocial services*

This capability refers to students' ability to seek psychosocial services. Most students valued the psychosocial services offered by the university; however, there were barriers to accessing these services. Some students reported that they struggled to secure a timely booking with the psychosocial services at the university. This resulted in a long delay in their receiving psychosocial support:

*I think they are short-staffed. So, you cannot book, I can say this semester can fall off without getting an appointment with the social worker or the psychologist at school. (FGD 5, Participant 1)*

A shortage of staff was blamed for the delays in the university supporting students. Coupled with that, some students found it difficult to navigate the online booking system on the university's learning management system. As a result, they abandoned seeking psychosocial services. Staff shortage and the online booking system that was not user-friendly were conversion factors disabling students from accessing psychosocial services.

## Discussion and recommendations

The findings demonstrate that some students had a narrow capability set to have accomplishments in the different dimensions of their mental wellbeing. The capability of emotional regulation was diminished due to conversion factors such as lack of funding, academic pressure, and security concerns in off-campus accommodation. Related to that is the resilience capability, which was limited among the students who were hopeless and lacked motivation in their studies. Sen (1999) stresses that there is a complementary relationship between individual agency and social arrangements. In this instance, some students lost hope and motivation, indicating a lack of agency, because of conversion factors including funding policy, university teaching, and family background. Findings also show the role social network capability plays in improving the mental wellbeing of students. As emphasized by Robeyns (2017), social relations are essential for the wellbeing of individuals and have a profound influence on other dimensions of individuals' lives. Regardless of that, the social network capability was limited to some, especially the students with low-income backgrounds. Sen (1999) explains that although finances do not constitute wellbeing on their own, financial deprivation reduces self-confidence among individuals and contributes to social isolation and depression. Additionally, the capability of mental health knowledge was diminished because of the lack of mental health awareness-raising programs and the stigma attached to mental health problems. Equipping individuals with knowledge allows them to make 'genuine choices' (Robeyns, 2017, p. 10), in this instance, whether students can make informed decisions about their mental health. Finally, access to psychosocial services capability was constricted because of conversion factors of a shortage of staff and a booking system that was not user-friendly.

Through focusing on the above conversion factors, we can establish interventions to address the student's mental health challenges (Robeyns, 2017). The study therefore recommends the following to expand capabilities among students:

- *Emotional regulation*: This can be fostered through the university intensifying its peer mentoring programs to help students build time management and academic skills, which can reduce stress and strengthen a sense of belonging among the students.
- *Social network*: The university should intensify its efforts in encouraging students to participate in university social events so that they can create friendships with their peers and gain academic and social support. While the university social events should be free of charge to allow all students to access, transport services should be provided for students living in off-campus accommodation to travel to and from night social events.
- *Resilience*: The university should consider helping students develop their agency through giving them the opportunity to participate in confidence-building programs, such as leadership programs, which can help students believe in themselves, persevere in their studies, and work towards their aspirational goals.
- *Mental health knowledge*: The university should consider embedding sessions on mental health in the curriculum, targeting students to raise their awareness of mental health issues, services available, and reduce the stigma that inhibits some students from seeking psychosocial services. Being conscious of their mental health can contribute to building resilience among the students and making informed decisions about seeking psychosocial services.
- *Access to psychosocial services*: The university's psychosocial services unit ought to improve the booking system and increase the number of its staff. This can be accompanied by innovative technological systems, such as Artificial Intelligence, to help students manage their mental health challenges.

## Acknowledgements

The study was funded by the South African Department of Higher Education and Training's University Capacity Development Grant through the Siyaphumelela Project. I am grateful to Dr. Esmarie Strydom and Mr. Rassie Louw for enabling this study.

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